

California Medical Association

EDWARD N. EWER, M. D., Oakland.....President
 W. T. McARTHUR, M. D.....President-Elect
 EMMA W. POPE, M. D., San Francisco.....
Secretary and Associate Editor for California

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer, secretary)—At the first monthly meeting after vacation, held August 17, the following program, as arranged by T. C. McCleave, was presented:

The Epidemiology and Public Health Aspects of Poliomyelitis—Karl Meyer, University of California (by invitation).

The Diagnosis and Treatment of Poliomyelitis—H. H. Hitchcock, Oakland. Discussion of these papers was opened by Harry Foster and Philip Potter, Oakland; W. P. Shepherd, Berkeley.

The Certified Milk Commission and Its Work (illustrated by lantern slides)—T. C. McCleave, Oakland.

The papers on poliomyelitis were presented by special request of the health officers of Oakland and Berkeley, in view of the prevalence of the disease at that time.

Dr. K. F. Meyer, in discussing the public health aspect of acute anterior poliomyelitis, recalled that the infectious nature of poliomyelitis became evident from the clinical and epidemiological observations of Wickman (1905-06) in Sweden, and the transmission experiments of Landsteiner and Popper in Austria, and Flexner and Lewis in this country. On account of the parallelisms of the human and experimental disease both in their clinical and pathological aspects, it was pointed out that inferences drawn from experiments with monkeys may be accepted with a certain degree of safety as valuable to the solution of problems in connection with human cases.

Inoculations of material obtained at autopsy from a human case demonstrated the virus in the brain and cord, basal ganglia, cervical and lumbar enlargements, the sympathetic ganglia, nasal and pharyngeal mucosa, tonsils, and lymph nodes. The virus is not found in the cerebrospinal fluid, blood or viscera. Nasal washings of clinical cases contain the virus during the acute stage of poliomyelitis. It is very much diminished after the first week.

The natural mode of infection is probably by the nasal route. It appears that the virus is propagated in the central nervous tissue of the host, is transferred by chance either directly or indirectly from nasal mucosa of the susceptible to the new host. It is probable that the virus goes directly through the nasal mucosa to the olfactory lobes by means of the perineural lymph spaces, and not first into the circulation and then into the meninges.

A favorite explanation of the epidemiology of the disease is to regard it as a very communicable disease like measles, and much more widespread in the community than indicated by the paralytic cases. Most cases are mild, escape notice and leave protection. In accordance with this theory, only the occasional severe case with paralysis comes to clinical diagnosis. In accordance with this view, one is dealing with a very common infection, always present in the community, but which in recent years has gained an increased virulence.

The virus having been transferred to the nasal mucosa of the second human being, may lodge there, remain active, or may be destroyed. That the latter may happen is shown by the experiments of Flexner and Amoss on the neutralization of the virus by nasal washings. The definite seasonal distribution of poliomyelitis suggests that the recovered case or carrier act as the inter-epidemic reservoir of the virus. All things considered, it seems that the virus has greater chance of surviving in the nasal secretions of the carrier than the recovered case.

Field observations indicate that only slight contact between the carrier of the virus (case, healthy carrier, or person in the incubation period) and the susceptible person suffices for the transfer of the virus. In recovered cases the virus probably disappears, except in rare in-

stances, within ten days to two weeks after the acute attack. The stage of communicability then is from one to two weeks after the onset. This presents difficulties from the standpoint of prevention. The use of convalescent human serum as a prophylactic measure is impractical. Vaccination with altered or changed virus has been tried experimentally, without success. The only method of prevention is isolation until the age of relative non-susceptibility arrives. The patient and intimate contacts are quarantined for three weeks. A search must be made for all persons, especially children, who have been associated with the patient for the previous week. Since the children may be in the incubation period, they are voluntarily quarantined for two weeks.

H. H. Hitchcock, discussing the diagnosis and treatment of acute anterior poliomyelitis, pointed out that this disease is a generalized infection, not confined to children, but seen in all ages. The type of child most often taken in the Long Island epidemic in 1916 was the round-faced child with the central incisors spaced, adults of unusual types as acromegalics, hypopituitary, etc., were common.

There are four types seen—the “abortive,” the “dromedary,” the “straggling,” and the “sudden onset group.”

The early symptoms of the disease are the same as seen in any acute infectious disease of childhood. The eyes, however, often present a puffiness of the circumorbital tissue and a glazed porcelain quality in the sclera and cornea.

The “spine sign” (pain and discomfort from flexing the neck or spine) is of importance.

The blood shows 15,000 to 25,000 white blood cells. The spinal fluid is increased in volume, the cell count ranges from 10 to 2500 per cmm., but is rarely opalescent or turbid.

The two most important things in the treatment of the acute phase is the avoidance of meddlesome therapeutics and the prevention of deformities due to muscle-stretching or muscle contractions.

Children should not be permitted to walk until their abdominal and other muscles are strong enough to function normally or are properly protected from stretching and fatigue. Some children are best treated by reclining in bed for a full year. No electricity or massage should be given while there is muscle soreness.

T. C. McCleave, speaking on the work of the Certified Milk Commission, discussed the history of certified milk movement, the organization of a commission by a county medical society, the methods and standards for the production of certified milk, and the medical veterinarian, sanitary, bacteriological and chemical control of the operation of a certified dairy. He pointed out the relative value of certified milk and such other grades of market milk, as guaranteed, pasteurized, etc. The paper was illustrated by lantern slides, depicting unsanitary dairy conditions such as formerly prevailed very generally—and still do to some extent—and contrasted these with slides, showing the methods of production of milk in modern sanitary dairies, with particular reference to certified dairies.

The program was a most instructive one, and brought out a big attendance, many remaining and continuing the discussion in the refreshment hall until midnight.

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FRESNO COUNTY

Fresno County Medical Society (reported by John Montgomery, M.D., secretary)—The new out-patient clinic of the Fresno County General Hospital is about completed and will be in use within the month. The Board of Governors of the medical society have expressed themselves in favor of handling all free clinic work in this clinic, and with this in view have sent the following resolution to the Community Chest and to the small clinics operating in Fresno, partly under the support of Community Chest funds:

Whereas, There is no doubt that a certain amount of free clinical work is needed in Fresno; and

Whereas, The Fresno County General Hospital will soon be in a position to handle this work in a completely equipped building, designed for this purpose; and

Whereas, This Clinic will have connected with it, the following:

1. A department of social service, to investigate each applicant, consisting of a social worker and an assistant.

2. A pathologist and complete laboratory organization.
3. Radiographer.
4. Pharmacist.

And in addition there will be available the supervision of the resident surgeon, and the services of an intern, and complete nursing service.

And whereas there will also be the advantage of direct connection with the hospital for patients needing to be referred for hospital care, it is the sense and opinion of the Board of Governors of the Fresno County Medical Society that the clinics conducted by the Fresno County General Hospital will adequately cover the entire field of free clinic work.

It is further the conviction of the Fresno County Medical Society, as represented by the board of governors, that no organization supported by voluntary contributions in Fresno, or by the Community Chest, can afford to put in the necessary expensive equipment, such as x-ray and laboratory equipment and organization, and without these scientific medicine cannot be practiced.

Further, it is our conviction that a clinic which undertakes to operate without these departments is doing an injustice to patients by keeping them away from a place where adequate treatment and facilities are provided. And that the work done in an improperly equipped clinic has a tendency to lower the standards of medicine in this community.

It is further our opinion that the numerous small clinics, which are improperly equipped, make no effort to investigate thoroughly the financial condition of patients, owing to their inability to employ trained social workers for this purpose. And that, therefore, these clinics are imposed upon and people often pauperized.

It is also our opinion that the most efficient work comes through centralization. Therefore, the more this work is divided, the less efficient it will be, and the more difficult to control.

It is also our belief that such smaller clinics are often dominated by "laymen" who cannot grasp the medical point of view. And that the money, which is trust money, being donated by the people to support such clinics, will accomplish more good if spent along other lines, leaving the medical care of the sick and poor to the county, where the law places it.

The secretary of the society is hereby instructed to deliver a copy of this resolution to the directors of the Community Chest. And ask the publicity committee of the society to give this resolution such publicity as seems best.

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MARIN COUNTY

Marin County Medical Society (reported by J. H. Kuser, secretary)—A meeting of the Marin County Medical Society on August 20 was held at W. F. Jones' office in San Rafael. The following members were present: H. O. Hund, W. F. Jones, L. L. Stanley, C. De Lancey, Charles B. Marston, J. H. Kuser, and A. H. Mays. This being a business meeting, no papers were read.

On motion of L. L. Stanley, Dr. O. A. Sharpe of San Francisco was invited to read a paper before the society at its next meeting on September 24, the meeting to be held at the San Rafael Club.

The application of Frank Cannon of Point Reyes station was presented by transfer from Idaho, and, on motion duly made and seconded, Doctor Cannon was elected a member of the society. Several communications were read and filed.

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SACRAMENTO COUNTY

Sacramento Society for Medical Improvement (reported by Bert S. Thomas, secretary)—The September meeting will be too late to report in this issue. In addition to the applications from Moser, Reynolds and Schluter, as previously reported, we have three more applications on our files. These come from Charles Israel Titus, now settled in Sacramento, coming to us after five years' practice at Minot, South Dakota, and fourteen years' practice at Great Falls, Montana. He was president of his local society, the Cascade Medical Society; Norris Jones, present resident at the Sutter Hospital; Angus McKinnon, holding a hospital residency at Mater Misericordiae.

Albert K. Dunlap surprised his many friends by the announcement of his marriage to Ruth Yarborough.

Bert T. Rulison tells of a very enjoyable trip through the East. He spent most of his time at the Mayo Clinic.

The beautiful statue, Maternity, presented by June Harris to W. A. Beattie, now occupies a prominent place at the entrance of Sutter Hospital. The statue has been re-presented to Sutter Hospital as its permanent property.

William Ellery Briggs has returned from his world tour. He took a full year in his travels, a goodly portion of the time being spent in the Orient.

George N. Drysdale, chief of staff at Mater Misericordiae Hospital, has spent one month in the East in the interest of his hospital. He is studying methods of hospital administration. His daughter, Miss Dorothy, chief surgical nurse of Mater Misericordiae Hospital, accompanied him. She is also studying operating-room routine.

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SAN DIEGO COUNTY

San Diego County Medical Society (reported by Dr. Robert Pollock)—On August 25 the voters of San Diego authorized, through the polls, a substantial bond issue for further development and extension of the service of the San Diego County General Hospital. The intelligent expenditure of this issue will greatly facilitate the medical service for the poor.

The County Medical Society resumed its scientific work, following a dinner at the San Diego Hotel on Tuesday, September 8. The program consisted of three numbers: (1) An excellent case report of unusual interest compiled by A. E. Banks, and in his absence read by Frank Carter, describing a case of osteo-arthritis of Marie coming to autopsy, which showed, as the sole pathology, carcinoma of lung and cerebrum. This paper was discussed at some length by Drs. Redelings and Carter. (2) Ben F. Eager presented a patient on whom he had recently made a division of the posterior root of the right Gasserian ganglion for the relief of painful trifacial neuralgia of ten years' standing. This case, from the standpoint of prompt relief, freedom from disfigurement and quick release from hospital and return to work, left little to be desired in the handling of this stubborn condition. (3) James F. Churchill gave an extremely interesting—because clear and informal—exposition of electro-cardiography. Churchill made very clear the many ways in which the electro-cardiogram is a distinct aid to the clinical study of heart conditions, taking pains to show just what the instrument can do and what are its limitations. He supplemented this talk with a presentation on the screen of graphic records of many of the abnormalities which the instrument can portray. This paper met with an enthusiastic reception, and was discussed at some length by Owens and White of the Naval Hospital. At the close of the discussion on his paper, Churchill took occasion to thank the commandant and officers of the Naval Hospital for many courtesies received at their hands, and to express in high terms of commendation the excellent scientific work, both clinical and research, which is being carried on by the splendid staff of this hospital.

The program committee announced the October meetings to be featured by a trip to El Centro, where the sister societies of San Diego and Imperial Counties will discuss jointly a program based on casualty surgery.

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SAN FRANCISCO COUNTY

St. Lukes Hospital submits an interesting report for the month of August. They had a daily average of 150.9 patients, with 4527 patient days. Of these, 106 days were free and 308 days were utilized by patients who could pay only a part of the cost of their care. Thirty-six thousand seven hundred and thirty-four meals were served at a cost, exclusive of prorated overhead and general expense, of 21 cents a meal. Eighty patients were refused service in the free clinics, and were instructed to consult their private physicians. One thousand four hundred and fifty-one persons requested reduced rates.

This hospital issues a remarkably concise and well-prepared monthly report of its doings.

St. Joseph's Hospital Staff Considers Construction Problems—On September 2 R. G. Brodrick of Oakland

spoke before St. Joseph's Hospital staff of San Francisco on "Latest in Hospital Construction," A. S. Musante presiding. The following is an abstract of the address:

"The problem of constructing a modern hospital presupposes a consideration of a proper site and here, also, the old buildings. Elastic plans to meet the growing use of hospitals and the control of an entire city block are best. The ideal should be aimed at. Economy is often questionable, especially if based on cost per bed or square feet. Cubic cost is better. Two thousand five hundred cubic feet is the legal requirement, but 7500 cubic feet is required; figuring the school of nursing, 10,000 cubic feet is needed per patient. Maintenance costs must be considered. The culinary department can cost one-third or one-half of it, and labor now makes up 50 per cent. Much depends upon types of patients—pay, part-pay, and free. Latter should be limited, so those straining to pay low rates will be able.

Tendency in rooms is to make them attractive and free from somber aspects and odors. Color is needed for the interior. All conveniences must be considered. The size is smaller than before, 11x11 being used. The bed is placed out of the draughts, between the door and window. Patients' call system is by flash, not bell. The double-hung sash is still the best window, the top transom being omitted. Telephone and radio are now used. Facilities for hospital and visiting nurses are needed. Great numbers of baths and suites are not profitable, about one bath to fifteen patients being the average. Wards are smaller than ever, eight beds being the maximum. Utilities are placed in middle.

The surgery is placed where there is no passage to anything else, to eliminate visitors and be able to close it off. Compact rooms, with much of the equipment built in and about 16x18x20, are used. Viewing platforms, reached from hall, are used. The windows are getting smaller and artificial light is used more, as it is steady. Spotlights are not favored for general lighting, but are used to illuminate deep fields. Nitrous oxide is piped into the surgery from large tanks. Compressed air, alternating and direct currents and x-ray connections are provided. Floor drain and other plumbing are not used, but the anteroom can house them. Distilled water is being replaced by sterile water. Scrub-up room should be next to surgery. Sterilizing outfits are placed between operating rooms, and pressure types are best. All the piping can be built in stalks, easily accessible. Light green tiling is better. Surgical laboratories are placed near surgery, but general ones should be nearer internists' floors and out-patient department. The x-ray room should be convenient to operating room, on account of its growing importance to urological and other procedures.

Metabolic, electro-cardiographic, post mortem, and animal experimentation rooms should be convenient to laboratory. Handle dead so as not to be seen by patients. In admitting patients, ambulance patients must be kept separated from those afoot. Provide for observation and isolation of cases.

The culinary department must provide proper place, construction, and equipment for the kitchen. Trays are distributed by elevators. The dish-washing room should be deadened to limit the noise. Door-closers, ball-bearing butts, hardware for doors, laundry, signal systems, and physiotherapy need study, the latter being desired by the public, but should be in charge of a technician and be supported by the staff. An emergency service is needed in large cities for traffic and other wounds.

On October 14 Dr. Harry Spiro will speak on "Modern Diagnosis and Treatment of Heart Disease," and Dr. Earnst Gehrels on "Gastric Surgery."

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SISKIYOU COUNTY

Siskiyou County Medical Society (reported by Cordes W. Ankele, secretary)—The members of the Siskiyou County Medical Society met, with their wives, at luncheon on August 30 at Crag View, Castella. Following the luncheon a business meeting was held out under the trees, while the wives were engaged at cards. There was a general discussion as to the effect of the newly adopted fee schedule, followed by a discussion on the treatment of chronic urinary infections.

H. A. Morse of Hilt was elected to membership. The

following members were present: R. H. Heaney, Charles Pius, Szabo Kalman, W. E. Tebbe, C. W. Nutting, and C. W. Ankele.

CHANGES IN MEMBERSHIP

New Members—Lawrence J. Bernard, George Eric Chapman, J. Paul de River, Thomas E. Gibson, Robert M. Laddon, A. A. Maximova-Kulaev, Edmund J. Morrissey, Harry J. Pruett, Sergius S. Rakitin, Guy Schoonmaker, San Francisco; Frank M. Cannon, Point Reyes Station; C. Dana Carter, Clarence D. Dickey Jr., Roscoe A. Ford, Alessandro Jardini, Roscoe M. Nicholson, A. W. Williams, Los Angeles; Luella S. Cleveland, San Jose; Glenn G. English, Hollywood; Bernard H. Gilbert, Montague; Charles C. Hall, Oda T. Leftwich, Rufus I. Newell, Oakland; Burton A. Myers, Hammoniton; William G. Tucker, Dunsmuir.

Resigned—John E. Nast, San Francisco.

Transferred—Adolph Kutzmann, from San Francisco County to Los Angeles County; Charles E. Mordoff, from Fresno County to Alameda County; Harper Peddicord, from Mendocino County to San Mateo County.

Deaths—Skeel, Roland Edward. Died at Los Angeles September 4, 1925, age 56. Graduate of the University of Michigan Medical School, Ann Arbor, 1890. Licensed in California in 1919. Doctor Skeel was a member of the Los Angeles County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

EXTENSION LECTURE SERVICE

In the September issue of CALIFORNIA AND WESTERN MEDICINE was extended an invitation to the members of the California Medical Association to join the Extension Service. The revised list, as here published, will be issued as a reprint on November 1 for the use of county secretaries. Further names of members who desire to join this service, together with the titles they are prepared to present, will be added to this reprint if furnished the state office before October 20.

Harry E. Alderson, M. D., 320 Medico-Dental Building, 490 Post, Street, San Francisco.

1. A Skin and Syphilis Clinic will be Held of Locally Selected Cases (five or six).
2. Newer Methods of Therapy in Dermatology.
3. Therapy of Lues.

Walter C. Alvarez, M. D., 803 Liebes Building, 177 Post Street, San Francisco.

1. The Taking of a Gastro-Intestinal History and What It Means When You Get It.
2. Practical Points in the Diagnosis of Gastro-Intestinal Disease. (Lantern slides.)
3. New Light on the Cause and Significance of High Blood Pressure. (Lantern slides.)
4. The Present Status of Various Researches of Interest to the Physician.

Hans Barkan, M. D., 921 Medico-Dental Building, 490 Post Street, San Francisco.

1. Headaches Due to Ocular Causes.
2. Industrial Aspects of Eye Injuries.
3. Modern Methods of Cataract Operations.

Edwin I. Bartlett, M. D., 1020 Medico-Dental Building, 490 Post Street, San Francisco.

1. The Use of the Exploratory Incision in the Diagnosis of Malignant Disease.
2. When and How to Operate on the Breast.
3. Simplified Classification of Breast Conditions, and "Short-Cuts" to Diagnosis.
4. Essential Points in Neck Dissections and Methods of Accomplishment.

W. W. Boardman, M. D., 612 Union Square Building, 350 Post Street, San Francisco.

1. Treatment of Cholecystitis.
2. Cholecystography—Its Value as a Diagnostic Procedure in Infectious Gall-Bladder Disease.
3. Some of the Newer Methods of Studying Liver and Gall-Bladder Disease—Vandenberg's Test—Icterus Index—Phenoltetrachlorophthalein.

Philip King Brown, M. D., 401 Medical Building, 909 Hyde Street, San Francisco.

1. The Medical and Surgical Treatment of Peptic Ulcer.
2. The Medical and Surgical Treatment of Angina. (With Walter B. Coffey, M. D., San Francisco.)
3. Leukemia and Its Treatment, With Special Reference to X-Ray.
4. Pneumothorax, Phrenotomy and Thoracoplasty in the Treatment of Pulmonary Tuberculosis. (With Leo Eloesser, M. D., San Francisco.)
5. Chronic Gall-Bladders.
6. Management of Acute and Chronic Heart Disease.

- Joseph Catton, M. D.**, 609 Howard Building, 209 Post Street, San Francisco.
1. The Doctor Looks at Crime.
 2. Mental Problems in Every-day Practice.
 3. Your Patient's Vegetative Nervous System Is Just as Important as His Central Nervous System.
 4. What the General Practitioner Should Know of Encephalitis.
- E. W. Cleary, M. D.**, 803 Liebes Building, 177 Post Street, San Francisco.
1. Fractures of the Spine. (Lantern slides.)
 2. Fractures of the Long Bones. (Lantern slides.)
- Ernest S. Du Bray, M. D.**, Flood Building, 870 Market Street, San Francisco.
1. The Management of Diabetes Mellitus, With Special Reference to the Method of Planning Quantitative Diets and the Use of Insulin.
 2. The Early Diagnosis of Diabetes Mellitus and Its Differentiation From Certain Benign Chronic Glycosurias probably of Non-Pancreatic Origin.
 3. The Criteria for Prognosis in Arterial Hypertension.
 4. A Consideration of the Degenerative Diseases and Their Prevention Through Preclinical Medicine.
- L. A. Emge, M. D.**, 506 Union Square Building, 350 Post Street, San Francisco.
1. Sterility.
 2. The Transsufflation of Uterine Tubes.
 3. What Can the Clinician Learn From Cancer Research?
 4. The Lacerated Cervix.
- Ernest H. Falconer, M. D.**, 316 Fitzhugh Building, 380 Post Street, San Francisco.
1. The Diagnosis of Pernicious Anemia. (Lantern slides.)
 2. The Treatment of Severe Anemias. (Lantern slides.)
 3. The Classification and Diagnosis of the Hemorrhagic Diseases. (Lantern slides.)
 4. The Spleen and Its Relationship to Diseases of the Blood-Forming Organs. (Lantern slides.)
- Arthur C. Gibson, M. D.**, 416 Physicians Building, 516 Sutter Street, San Francisco.
1. Pan-Sinusitis, With Suggestions for Rational Therapy.
 2. Chronic Catarrhal Otitis Media, With Discussion of Causes, Treatment, and Results.
 3. Causes of Chronic Otitis Media, With Discussion of Treatment and Results.
 4. The Mastoid—Its Complication, Diagnosis, Treatment, With Results.
 5. Combined Intranasal and External Tear Sac Operations With Results (Totimosher Method).
- Edgar L. Gilcreest, M. D.**, 315 Fitzhugh Building, 380 Post Street, San Francisco.
1. Personal Reminiscences of Sir William Osler, Physician and Philanthropist. (Lantern slides.)
 2. A Consideration of Rupture of Muscles and Tendons. (Lantern slides.)
 3. Fractures of the Elbow Joint and the Lower End of the Humerus. (Lantern slides.)
 4. Fractures of the Ankle Joint and the Lower End of the Tibia. (Lantern slides.)
 5. Fractures of the Wrist Joint and the Lower End of the Radius. (Lantern slides.)
- A. Gottlieb, M. D.**, 605 Consolidated Realty Building, 607 South Hill Street, Los Angeles.
1. Club-Feet.
 2. Poliomyelitic Deformities—Prevention and Treatment.
 3. The Painful Foot. (Lantern slides.)
 4. Osteochondritis: Legg-Perthes, Koehler's Disease, etc. (Lantern slides.)
- R. W. Harvey, M. D.**, 711 Fitzhugh Building, 380 Post Street, San Francisco.
1. The Personality of the Patient.
 2. The Vegetative Nervous System.
 3. Vocational Education in the Rehabilitation of Nervous Cases.
- Samuel H. Hurwitz, M. D.**, 1214 Medico-Dental Building, 490 Post Street, San Francisco.
1. Diet and Blood Pressure.
 2. Infection in Asthma—Results of Treatment.
 3. The Treatment of Bright's Disease.
- W. H. Kellogg, M. D.**, State Hygienic Laboratory, Berkeley.
1. The Problem of Diphtheria.
 2. Present Status of the Schick Test and Immunization Against Diphtheria.
 3. The Practicing Physician and Preventive Medicine.
 4. The Old and the New Public Health.
 5. Immunologic Reactions of Especial Interest to the Practicing Physician.
 6. The Status of Laboratories in the Practice of Medicine.
- William J. Kerr, M. D.**, University of California Hospital, San Francisco.
1. Treatment of Heart Disease.
 2. Diagnosis and Medical Treatment of Goiter.
 3. The Cardiac Irregularities, Their Recognition, Treatment, and Prognosis. (Lantern slides.)
 4. Liver Function Tests. (Lantern slides.)
- Alson R. Kilgore, M. D.**, 724 Medico-Dental Building, 490 Post Street, San Francisco.
1. Treatment of Mouth and Skin Cancer by Surgery or Radium.
 2. The Pre-Cancerous Conditions of the Breast.
 3. Clinical and X-Ray Diagnosis of Bone Tumors.
 4. The Diagnosis of Early Breast Lumps by Gross Pathology at the Operating Table.
- Eugene S. Kilgore, M. D.**, 724 Medico-Dental Building, 490 Post Street, San Francisco.
1. Precordial Pain—Clinical Types and Significance.
 2. The Assessment of Circulatory Efficiency.
 3. Cardiac Irregularities—Their Non-Instrumental Recognition and Significance.
- Fred H. Kruse, M. D.**, 916 Fitzhugh Building, 380 Post Street, San Francisco.
1. The Irritable Colon.
 2. The Redundant Colon.
 3. Peptic Ulcer, Etiology and Diagnosis.
 4. The Medical Treatment of Peptic Ulcer.
 5. Clinical Studies in Thyroid Disease.
- Hans Lisser, M.D.**, 208 Fitzhugh Building, 380 Post Street, San Francisco.
1. Types of Ductless Gland Disease. (Lantern slides.)
 2. Present Status of Organotherapy. (Lantern slides.)
 3. Roentgenology as an Aid in the Diagnosis of Ductless Gland Disease. (Lantern slides.)
 4. The Differential Diagnosis of Dwarfism. (Lantern slides.)
 5. The Differential Diagnosis and Treatment of Goiter. (Lantern slides.)
 6. Organotherapy and Physiotherapy in the Treatment of Obesity and Asthenia.
 7. Endocrine Factors and Organotherapy in Disturbances of Menstruation. (Lantern slides.)
- G. Carl H. McPheeters, M. D.**, 1021 Mattel Building, Fresno.
1. Obstetrics vs. Midwifery.
 2. Prenatal Care in Obstetrics. (Lantern slides.)
 3. Care of the Abdomen and Breasts in Pregnancy. (Lantern slides.)
 4. The Toxemias of Pregnancy and Their Treatments.
 5. Obstetrics the Stronghold of Medicine Today.
 6. Prenuptial and Prenatal Physical Examinations of Girls and Women.
- George Warren Pierce, M. D.**, 1211 Flood Building, 870 Market Street, San Francisco.
1. Plastic Surgery in Civil Practice. (Lantern slides.)
 2. Care of the Injured Hand. (Lantern slides.)
 3. The Use of the Tubed Pedicle Flap in Plastic Surgery. (Lantern slides.)
 4. Plastic Reconstruction of the Hand. (Lantern slides.)
 5. Plastic Surgery of the Nose. (Lantern slides.)
 6. Reconstruction of the Eye-Socket. (Lantern slides.)
 7. The Treatment of Burns. (Lantern slides.)
- Philip H. Pierson, M. D.**, 811 Medico-Dental Building, 490 Post Street, San Francisco.
1. Pleural Effusion, With or Without Pus—What Does It Mean From a Tuberculosis Viewpoint?
 2. Hemoptysis—Its Importance and Treatment.
 3. Pneumothorax—Its Indications and Contra-Indications.
 4. What Forms of Therapy for Tuberculosis Have Stood the Test, and What are Their Indications.
- V. H. Podstata, M. D.**, The Livermore Sanitarium, Livermore.
1. The Old Neurasthenic.
 2. The Incipient Mental Depression. (Doctor Podstata not available on Tuesdays.)
- J. Marion Read, M. D.**, 1133 Flood Building, 870 Market Street, San Francisco.
1. Classification and Treatment of Thyroid Disease. (Lantern slides.)
 2. The Relation of Iodin to Thyroid Disease. (Lantern slides.)
 3. The Prognosis and Treatment of Graves' Disease. (Lantern slides.)
- Alfred C. Reed, M. D.**, 715 Fitzhugh Building, 380 Post Street, San Francisco.
1. Intestinal Protozoa in Clinical Practice.
 2. Similarities of Sprue and Pernicious Anemia.
 3. Treatment of Dysentery.
 4. Management of Asthma.
 5. Avoiding Old Age and the Preservation of Youth.
- Robert Lewis Richards, M. D.**, 409 Fitzhugh Building, 380 Post Street, San Francisco.
1. Bad Parents and Fearful Children From a Medical Point of View.
 2. Medical Beginning of Crime and Treatment of Same.
 3. Emotional Thyroids.
- Emmet Rixford, M. D.**, 1795 California Street, San Francisco.
1. Mechanics of Production of Fractures. (Lantern slides.)
 2. General Principles of Treatment of Fractures.
 3. Ulcer of the Stomach and Duodenum.
 4. Cancer of the Stomach.
 5. Cancer of the Colon and Rectum.
- Max Rothschild, M. D.**, 704 Fitzhugh Building, 380 Post Street, San Francisco.
1. The Early Diagnosis of Pulmonary Tuberculosis.
 2. The Diagnosis and Treatment of Tuberculosis of Bronchial Glands in Children. (Lantern slides.)
 3. The Problem of Immunity in Tuberculosis.
 4. The Treatment of Tuberculosis With Specific Remedies. (Lantern slides.)
 5. The Treatment of Tuberculosis With Non-specific remedies, With Special Reference to Pneumothorax Treatment. (Lantern slides.)
 6. Tuberculosis and Pregnancy.

7. Tuberculosis and Syphilis. (Lantern slides.)
8. Fever in Tuberculosis—Its Significance in Regard to Diagnosis, Treatment, and Prognosis.
9. Heliotherapy and Tuberculosis. (Lantern slides.)
10. Lung Abscess—Etiology, Diagnosis, and Treatment. (Lantern slides.)

C. O. Sappington, M. D., 602 Hutchinson Building, Oakland.

1. Standards of Education and Practice in Industrial Medicine.
2. Periodic Health Examinations—the Technique, Results, and Need. (Lantern slides.)
3. Industrial Lead Poisoning—Etiology, Diagnosis, and Prevention.
4. Industrial Absenteeism—An Application of Statistics to Medical Practice. (Lantern slides.)
5. Recent Advances in the Science of Industrial Ventilation and Illumination. (Lantern slides.)
6. The Economic Loss Due to Sickness in Industry. (Lantern slides.)

John Hunt Shepard, M. D., Growers Bank Building, San Jose.

1. Squamous Cell Epithelioma of the Lip—Especially Reconsideration of Grading the Degree of Malignancy. (Lantern slides.)
2. Our Present Knowledge of Thyroid Perversion.

Harry Spiro, M. D., Flood Building, 870 Market Street, San Francisco.

1. Angina Pectoris.
2. Some Related Cardiac Irregularities.
3. Quinidine Therapy.
4. Experiences With the Intravenous Use of Mercurochrome.
5. Aortitis. (Lantern slides.)
6. Blood Pressure and Its Treatment.
7. Judging the Quality of the Heart Muscle by Fluoroscopic.

William E. Stevens, M. D., Flood Building, 870 Market Street, San Francisco.

1. Urology in Women.
2. Urology During Infancy and Childhood.

Laurence R. Taussig, M. D., 803 Fitzhugh Building, 380 Post Street, San Francisco.

1. Malignancies of the Skin, Their Diagnosis and Treatment. (Lantern slides.)

E. B. Towne, M. D., Stanford University Hospital, San Francisco.

1. Recent Advances in the Localization and Treatment of Tumors of the Brain. (Lantern slides.)
2. Diseases of the Pituitary Gland—Diagnosis and Treatment. (Lantern slides.)
3. Localization and Treatment of Tumors of the Spinal cord. (Lantern slides.)
4. Prevention of Musculo-Spiral Nerve Injuries. (Lantern slides.)
5. Value of Roentgen-Ray in Treatment of Tumors of Brain and Pituitary Gland. (Lantern slides.)

William Voorsanger, M. D., 1001 Medico-Dental Building, 490 Post Street, San Francisco.

1. Pulmonary Conditions Wrongly Diagnosed as Tuberculosis. (Lantern slides.)
2. Tuberculosis Laryngitis—Is It Curable? Heliotherapy as a Remedy.
3. Gastro-Intestinal Complications in Pulmonary Tuberculosis.
4. Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis.
5. What Do Tuberculin and Vaccines Really Accomplish in the Treatment of Pulmonary Tuberculosis?
6. Advances in the Diagnosis of Pulmonary Tuberculosis.
7. Suggestions on the Importance of the Sanitarium in the Treatment of Pulmonary Tuberculosis.
8. Pulmonary Abscess; Classification; Prognosis and Treatment. (Lantern slides.)

James T. Watkins, M. D., 212 Medical Building, 909 Hyde Street, San Francisco.

1. Technical Improvements in the Treatment of Fractures.
2. Surgical Approaches of the Knee, Hip, and Shoulder Joints.
3. Congenital Hip and Club-Foot.
4. Treatments of Infantile Paralysis.

Miley M. Wesson, M. D., Flood Building, 870 Market Street, San Francisco.

1. Urethritis and Sequelae. (Lantern slides.)
2. Diseases of the Prostate; Their Treatment—Medical and Surgical. (Lantern slides.)
3. The Prostatic Median Bar; Complications and Treatment. (Lantern slides.)
4. Diseases of the Bladder; Symptoms and Treatment. (Lantern slides.)
5. Diseases of the Kidney and Ureter; Symptoms and Treatment. (Lantern slides.)
6. Cysts of the Prostate and Urethra. (Lantern slides.)

John Homer Woolsey, M. D., 907 Medico-Dental Building, 490 Post Street, San Francisco.

1. Gastric and Duodenal Pathology. (Lantern slides.)
2. Empyema.
3. Carcinoma of the Rectum. (Lantern slides.)

Harold W. Wright, M. D., 413 Flood Building, 870 Market Street, San Francisco.

1. The Prognosis in the Psychoses, With Remarks on the Relation of General Hospitals to Psychiatric Service.
2. The Psychoses of the Puerperal State.
3. The Differential Diagnosis of Sciatic Pain.

Utah State Medical Association

T. C. GIBSON, M. D., Salt Lake City.....President
W. R. CALDERWOOD, M. D.....President-Elect
FRANK B. STEELE, M. D., Salt Lake.....Secretary

The complete transactions of the Annual Session, held September 7 to 12, at Salt Lake, will be published in November, as the very splendid transcript of the proceedings was not received in time for this issue.

A NEW YEAR

So far as the Utah State Association is concerned, we begin now a new year. President Gibson has not as yet appointed an editor for CALIFORNIA AND WESTERN MEDICINE to take the incumbent's place. But we still, as editor, want at this time to bespeak for him, whoever he may be, a hearty co-operation from the several county societies.

The Utah section of CALIFORNIA AND WESTERN MEDICINE is meant to be representative of the state. The only way in which any editor can gather the local news of interest is through the co-operation of the several secretaries, each of them sending him a monthly report. And if they will do this, if they will take this little trouble, if they will give him the chance to give their section representation—then we can build up the Utah section to a point where Doctor Musgrave, editor of CALIFORNIA AND WESTERN MEDICINE, will have to give us more space—to where he will be glad to do it. He has already said he would be glad. So, now, all together for the new year. Let's make him show that he meant it—every word. Send in your news notes after every meeting. You're each and every one entitled to a part of Utah's space. Will you use it or won't you? Come on. Let's go for the next twelve months.

HE WHO RUNS

As this is written, the meeting of the State Association is drawing to a successful close, with a good attendance, over 190 men having been enrolled among the visitors from two neighboring states. An election has been held, and Doctor T. C. Gibson has been installed president for the year to come, Doctor Calderwood has been named as president-elect, and Doctor Frank Steele has taken up the secretarial duties laid down by Doctor William Rich. Under the guidance, and assisted by the service of such men, the association can hardly do more than look upon the future with confidence.

As for the convention itself, consisting as it did of the routine conventional activities combined with and followed by the post-graduate program so ably furnished by the committee in charge, one can say little save that it was a gratifying success both for those who gained much or little from it. For a man may profit from such a course of instruction in two ways: Should he be deficient in knowledge on the subjects covered, then he may learn and strengthen himself. Should he already be possessed of the knowledge advanced for his apprehension, then is he strengthened and supported in his application of it by the knowledge that the men from far places—those who have had a wider experience than him—